

**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Washington, D.C. 20231**

<b>REQUEST FOR PATENT FEE REFUND</b> <span style="float: right; font-size: 1.5em;">10522332</span>											
1 Date of Request: _____		2 Serial/Patent # _____									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
10 REASON: _____ <input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					--				
		--									
11 REFUND REQUESTED BY: _____											
TYPED/PRINTED NAME: _____		TITLE: _____									
SIGNATURE: _____		PHONE: 06/09/2005 PKIDWELL 02/01/2005 GREY1 00000033 060735 10522332 02 FC:1632 500.00 CR									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**FORM PTO 1577**  
**(01/90)**

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**